



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Real Estate Appraisers Program

PO Box 110806, Juneau, AK 99811

(907) 465-2550

Email: BoardofRealEstateAppraisers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardofRealEstateAppraisers

APR

FOR DIVISION USE ONLY

Appraisal Management Company Renewal

July 1, 2021 – June 30, 2023

- This renewal form is for your State of Alaska registration only. If your appraisal management company needs to complete an annual report for the federal registry, please complete the Appraisal Management Company Annual Federal Registration Form (#08-4730) located on our website at <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/RealEstateAppraisers/Applications.aspx>
- Your certificate lapses after June 30, 2021. There is no grace period - it is illegal to work if your certificate has lapsed.
- Make checks and money orders payable to the State of Alaska, or use the attached credit card payment form.
- Plan on a 4-6 week processing time for correct and complete renewal applications.

PART I Payment of Fees

Renewal Type:	<input type="checkbox"/> Full-Term Active Appraisal Management Company Registration Renewal (for licenses first issued on or before June 30, 2020)	\$700.00
	<input type="checkbox"/> Prorated Active Appraisal Management Company Registration Renewal (for licenses first issued on or after July 1, 2020)	\$350.00

PART II Personal Information

Alaska Appraisal Management Company Registration Number:		
DBA Name:		
Mailing Address: This is an address change: <input type="checkbox"/>		
Phone Number:		
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.		
Email Address:		<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail

PART III Company's Agent

Is the company domiciled within the State of Alaska?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, then a company's agent who is located within the state must be listed below.			
Name of Company's Agent:		Contact Phone:	
The "service of process" address must be a physical address and not a USPS P.O. Box or other private mailbox.			
Service of Process Address:			

PART IV Professional Fitness Questions

The following questions must be answered. Please answer for controlling person and all owners. Any explanation for a "yes" answer must indicate the name of the individual and if they are the controlling person or owner.

12 AAC 70.100 (5) requires an applicant to attest subject to the penalties of unsworn falsification as defined in AS 11.56.210, a list of crimes described in AS 08.87.110 and AS 08.87.210 for which the applicant has been convicted.

"Yes" answers may not automatically result in license denial. For each "Yes" response to any question, you must provide an explanation and documentation. Provide your explanation on a separate sheet of paper labeled with your name and signed and dated by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. Documentation includes copies of court orders, charging documents, board or license actions, judgements, etc. When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

When in doubt, disclose and explain.

Since the date your last license was issued or renewed:

1. Have you been convicted of a crime or are you currently charged with committing a crime, or is any such action pending? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including (but not limited to) a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.

☐ Yes
☐ No
2. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?

☐ Yes
☐ No
3. Are you the subject of an unresolved complaint or disciplinary action before an authority regulating real estate appraisers or a professional real estate appraisers association?

☐ Yes
☐ No
4. Have you committed, or had a lawsuit filed against you, while acting as a real estate appraiser, an act or omission involving dishonesty, fraud, or misrepresentation?

☐ Yes
☐ No

PART V Bonding

A surety bond in the amount of \$50,000 is required in accordance with AS 08.87.135(a)(8) and 12 AAC 70.160(a)(3). If you have been issued a new bond at any time during the licensing period and did not submit it to the Division, submit the new original signed bond and power of attorney with this renewal.

Bond Provider:	
Bond Number:	
Bond Effective Date:	

PART VI Business Ownership

Is this a change to an individual Owner or Controlling Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If YES to a new controlling person, provide the license information below. Please attach additional pages if necessary.					
State:		License/Certificate Number:		Expiration Date:	

Please complete the appropriate table below according to your business ownership type. Attach additional pages as necessary.

Table A Sole proprietors and partnerships

Name 1:		Birthdate:	
Address:			
SOCIAL SECURITY NUMBER: AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			

Name 2:		Birthdate:	
Address:			
SOCIAL SECURITY NUMBER: AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			

Table B Corporations & LLCs

Alaska Entity Number:	
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Name and Address of: <ul style="list-style-type: none">• Member• Corporate Officer• Managing Partner	

Name and Address of: <ul style="list-style-type: none">• Member• Corporate Officer• Managing Partner	



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Signature Page

Applicant Name:

PART VII Agreement

By signature below, I attest to the following (refer to AS 08.87.135):

That the appraisal management company (AMC) complies with all lawful directions and requests for information from the regulatory or licensing authority of the jurisdiction(s) in which the AMC is licensed.

That the controlling person and the owners designated on this application have never had a certificate to act as a real estate appraiser denied, cancelled, suspended, revoked, put on probation, or surrendered in lieu of a pending revocation in any state unless the person has later had a certificate to act as a real estate appraiser granted or reinstated by the same state.

That the AMC requires a real estate appraiser to comply with the Uniform Standards of Professional Appraisal Practice adopted by the Appraisal Standards Board of the Appraisal Foundation when completing appraisals at the company's request.

That the AMC has a process to verify that a person who is assigned to serve on an appraiser panel of the company is certified in, and is in compliance with, Alaska statutes and regulations regarding certified professional real estate appraisers. And that the same person is qualified to conduct federally related transactions under federal law.

That the AMC conducts appraisals independently and free from inappropriate influence and coercion as required under 12 U.S.C. 3353.

That this application, if the AMC is not domiciled in Alaska, serves as written consent to service of process on a resident of this state for any court action arising from an activity regulated under AS 08.87 or 12 U.S.C. 3331-3355 and have provided the name and contact information for the company's agent on this form.

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant's Signature:

Date:



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

☐ Application Fee: _____

☐ License or Renewal Fee: _____

☐ Other (name change, wall certificate, fine, duplicate license, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Account Number: _____

2. Expiration Date: _____

3. Billing ZIP Code: _____

4. Security Code: _____

All four fields **MUST**
be completed!

This section will be
destroyed after the
payment is processed.